

School Health Screening Rules and Regulations: Project Update for Stakeholders #7

June 7, 2012

Important incremental progress has been occurring, and the time has finally arrived to be able to describe our current status, and to provide information about upcoming opportunities for your continued input into this work. Thank you for your continuing interest.

Quick Review

Just as a refresher, the work of the school health screening rules and regs project is part of a larger effort to Improve the Quality of School-based Child Health Screening in Nebraska, conducted by the DHHS School Health Program, beginning in 2007.

The rules and regs of interest are drafted pursuant to the Nebraska school screening statutes, which are **Neb. Rev. Stat. 79-248 through 79-250**. Also the draft screening rules and regs incorporate existing regulations on the physical examination and visual evaluation requirements for school entry, as found in Neb. Rev. Stat. 79-214 and 79-220. These regs are not new, but are moved from their previous regulatory location in Title 173 NAC Chapter 3 to the new draft screening regulations, because of similarity and relevance of content.

The draft screening rules and regs are designated as **Title 173 NAC Chapter 7**.

Current Status as of June 7, 2012

The draft rules and regulations are following the rulemaking “road map” for the Department of Health and Human Services, and have advanced to the point of approval by the Division Director, Dr. Schaefer, to the Governor’s Policy Research Office. This step brings us to the gateway of moving to public hearing and the period for formal comment that comes prior to adoption. This represents a major step forward, and brings us to the larger arena of policy making in Nebraska with this work.

All stakeholders should be advised that, per the consistent recommendations of the Steering Committee, public hearings will only be scheduled during the school year, presumably meaning Sept. 2012 through May 2013. Also the effective date of the regulations, should be at least one year beyond the point of adoption, so that language presently reads, effective July 1, 2014.

Key Points

On the next page, we list in bullet form a range of key points about the regulations, addressing core topics of content of interest to school health professionals and others. This is just a synopsis of information. As soon as the draft regulations are posted publicly in full text, stakeholders will receive a message of notification.

The Competencies and Methodologies of Screening

It has long been the work of the DHHS School Health Program to provide materials and resources to schools and school health professionals in Nebraska, in order to support compliance by schools with Nebraska and federal laws pertaining to school health, and to improve the quality and effectiveness of school nursing in order to improve child health. In this area, the school health program staff are working on updated guidelines that reflect the updated best practices and competencies of screening, much as are found

in the regulations. This work also is open to comment by stakeholders, and you will receive separate communication about this aspect of the work of the school health program.

In Closing (for this particular update – the project goes on!)

The process of moving rules and regulations forward has involved many people who have contributed to the development of this work. The Steering Committee members have been patient and steadfast in their support of seeing the work through. Legal staff, credentialing consultants, administrators and others within the Department of Health and Human Services joined the year-long learning curve made an effort to understand and analyze more about school health and screening than they ever expected. Expert committees of health professionals of numerous disciplines have served and continue to serve to develop the screening competencies and guidelines. The contributions and diversity of our stakeholder community for school health screening have been a constant presence. Thanks to all, and continue to stay tuned!

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Materials detailing past work of the school health screening project are to be found:

http://dhhs.ne.gov/publichealth/Pages/schoolhealth_whatsnew.aspx

Key Points – Overview
DRAFT School Health Screening Rules and Regulations

June 7, 2012

1. Screening is an act of obtaining accurate, reliable measurement. The measurement is compared to a standard, and the parent is notified of the need for further evaluation if the measure taken on their child falls outside the expected standard range.

Screening as defined in these draft regulations is NOT and does NOT INCLUDE: assessment, judgment based on the knowledge base of a regulated health profession, diagnosis, evaluation, examination, investigation, interpretation, treatment, or management of any health condition.

Screening is different from nursing assessment. Screening is inherently limited to accurate measurement. These draft regulations do not restrict school nurses from assessment activities according to legal scope of practice. However, only the limited function of screening is addressed by these draft regulations.

2. The screening statutes apply only to public school districts.
3. The statutes require screening for hearing, vision, and dental. The only additional condition prescribed by the Department for screening is BMI with measurement of height and weight, due to the public health significance of childhood overweight and obesity.
4. There is no waiver option for screening. A parent not wishing their child to be screened at school must provide documentation signed by a qualified medical provider verifying the child has been screened, or the child will be screened at school.
5. Children with special health care needs are not to be omitted from the screening program. The school is expected to demonstrate an effort to obtain screening results or verification of screening.
6. Screening is described as the legal responsibility of school boards.
7. There is no provision to compel parents to act on the basis of screening information. Only that schools must notify parents when screening indicates such “notification of need for further evaluation” is to be made.
8. Scoliosis screening is not required or recommended.
9. Blood pressure screening is not required, but may be a useful assessment practice by the school nurse.
10. Competency-based screening methods contribute to describing the qualifications of the persons authorized to screen within these regulations. Such a person:
 - a. Follows the screening competencies as provided, or equivalent, AND
 - b. Is a health care professional OR
 - c. Is an unlicensed person screening under the direct supervision of a health care professional OR

- d. Is an unlicensed person who has been deemed (and documented) as competent to perform specific screening practices within the previous three years by a licensed health care professional.
11. These draft regs incorporate regulations pertaining to physical exam and visual eval requirements for school entry, but these are NOT NEW. Our new draft Chapter 7 is providing a new home because the content is relevant, but these regs for physical exam and visual eval contain no changes.
12. The School Health Guidelines produced by the DHHS School Health Program are being revised and updated to reflect the evidence-based and best practice developments of the screening statutes and regulations. These will be made available to stakeholders as companion materials to the draft rules and regulations.
13. The regulations provide the minimum required screening schedule. Local schools may, through local school policy, choose to screen in excess of the minimum requirements.
14. The draft minimum required screening schedule is as follows:
 - a. PK through 4th grade screening annually for distant vision, hearing, dental health, and BMI.
 - b. 7th and 10th grade screen for distant vision, hearing, dental health, and BMI.
 - c. 1st and 3rd grade screen for near vision in addition to distant vision.
 - d. Additional indications for screening include:
 - New to district at any time, with no previous screening results available
 - Student enters the Student Assistance Process, with no recent or current screening results available
 - Periodic screenings as specified by the student's Individualized Education Plan
 - Nurse concern, i.e. sudden wt. loss or gain, change in stature or appearance, parent or teacher concern; audiologist referral
 - Unremediated concerns from previous year.